

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565487

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2			2		
4	2					
5	1		1			
6	1		1			
7	2		2			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	2		2			
16	2		2			
17	2		2			
18	1		1			
19	1		1			
20	1		1			
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50						
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	14	←	13	←		←
TOTAL CLAIMS	26		25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	←